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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Dunn, Neal, Patrick, , MD, FACS		
(b) Address (number and street) PO BOX 16088		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code PANAMA CITY FL 32406		2. Candidate's FEC Identification Number H6FL02208
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate FL 02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) FRIENDS OF NEAL DUNN		
(b) Address (number and street) PO BOX 16088		
(c) City, State, and ZIP Code PANAMA CITY FL 32406		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST		
(b) Address (number and street) PO BOX 30844		
(c) City, State, and ZIP Code BETHESDA MD 20824		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Dunn, Neal, Patrick, , MD, FACS [Electronically Filed]	Date 03/08/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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